



SWIMMING POOL

PERMIT APPLICATION

Inspections Division
 301 N Broadway, Moore, OK 73160
 (Phone) 405-793-5051 (Fax) 405-793-5057
inspections@cityofmoore.com

Submittal Date: _____

Permit # _____

Plan Review # _____

PROJECT INFORMATION

Project Address		City	State	Zip Code
Lot	Block	Subdivision		
Existing Use of Property: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial / Industrial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Other _____				
Proposed type of fence: <input type="checkbox"/> New <input type="checkbox"/> Existing		Type of fence material: _____		
Proposed Type of Material: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Vinyl-Lined <input type="checkbox"/> Masonry <input type="checkbox"/> Other _____		Proposed Type of Pool: <input type="checkbox"/> Above Ground Swimming Pool <input type="checkbox"/> Below Ground Swimming Pool		
Estimated Cost : \$ _____ <i>(Include parts and labor, electrical and plumbing, if any)</i>		Sq. Foot Total _____	Depth: _____	

A minimum 4 Foot barrier (fence/wall) that has a maximum opening limitation that does not allow a sphere of 4 Inches in diameter to pass through is required. Equipped with a gate that has a minimum of a 54 Inch self-closing latch is required around the pool area. Pool use for personal or enjoyment cannot be in use until a final inspection has been performed and approved by the City of Moore Building Safety staff. A separate fence permit may be required.

APPLICANT INFORMATION

Applicant Name		Applicant Address	Applicant Phone Number 1	
City	State	Zip Code	Applicant Phone Number 2	
Applicant Email				

OWNER INFORMATION

SAME AS APPLICANT

Owner Name		Owner Address	Owner Phone Number 1	
City	State	Zip Code	Owner Phone Number 2	
Owner Email				

CONTRACTOR INFORMATION

SAME AS APPLICANT

Company Name		Company Address	Company Phone Number 1	
City	State	Zip Code	Company Phone Number 2	
Company Email				

I hereby certify that the statements in this application and the attachments hereto are true and correct and that the property owner has given permission for this work to proceed. I further certify that all construction work under this permit will conform to the attached plans, specifications and drawings and to the Codes and Ordinances of the City of Moore and that all mechanical, electrical and plumbing shall be performed by contractors licensed by the State of Oklahoma and by the City of Moore.

Applicant Signature	Applicant Name (Printed)
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DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Flood Zone: ___ Yes → Zone ___ ___ No	Setbacks: ___ Front Yard ___ Right Side Yard ___ Left Side Yard ___ Back Yard	Fence Permit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Easements: _____ _____ Zoning District: _____
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Building Safety Division**
 Signature: _____ Approve Deny Date: _____

Planning**
 Signature: _____ Approve Deny Date: _____

****Remarks to be printed on permit, if any:**



PROJECT ADDRESS: _____ PERMIT # _____

APPLICANT NAME: _____ APPLICANT PHONE # _____

SITE PLAN



Large grid area for drawing the site plan.

POOL PERMIT APPLICATION CHECKLIST

<input type="checkbox"/> Scale	<input type="checkbox"/> Easements	<input type="checkbox"/> Site Layout	<input type="checkbox"/> Deck/Patio	<input type="checkbox"/> Drainage
<input type="checkbox"/> Flow Arrows	<input type="checkbox"/> Electric Line (Overhead or Underground)	<input type="checkbox"/> Gas Line	<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Water
<input type="checkbox"/> Pool Equipment	<input type="checkbox"/> Existing & Proposed	<input type="checkbox"/> Lot Line	<input type="checkbox"/> Gate Scale	<input type="checkbox"/> Fence
<input type="checkbox"/> North Arrow	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Structures	<input type="checkbox"/> Submittal of Manufactures Installation Instructions	

SAMPLE SITE PLAN



LEGEND

	Drainage Flow Arrow
	Silt Fence (Erosion Control)
	Natural Gas Service Line
	Water Service Line
	Sanitary Sewer Service Line
	Electrical Service Line
	Tree

John Doe
(405) 555-5555
Jan. 1, 20XX



CHECKLIST

- | | |
|--|--|
| <input type="checkbox"/> Address | <input type="checkbox"/> Driveway |
| <input type="checkbox"/> Street Name(s) | <input type="checkbox"/> Neighboring Driveway |
| <input type="checkbox"/> Property Line w/Dimensions | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Structure(s) w/Dimensions | <input type="checkbox"/> Drainage Flow Arrows |
| <input type="checkbox"/> Setback lines | <input type="checkbox"/> Erosion Controls |
| <input type="checkbox"/> Existing/Proposed Utilities | <input type="checkbox"/> Flood Zone Boundary (if applicable) |
| <input type="checkbox"/> Water Service | <input type="checkbox"/> Retaining Wall(s) |
| <input type="checkbox"/> Water Well | <input type="checkbox"/> Scale |
| <input type="checkbox"/> Sanitary Sewer Service | <input type="checkbox"/> North Arrow |
| <input type="checkbox"/> Septic System | <input type="checkbox"/> Date |
| <input type="checkbox"/> Electrical Service | <input type="checkbox"/> Contact Information |
| <input type="checkbox"/> Natural Gas Service | |